

AJC Address:

Fax:

EMAIL:

Request for Eligibility Reemployment Trade Adjustment Assistance (RTAA) Trade Act of 1974, Amended TAA Reauthorization of 2015

WORKER'S NAME (First, Middle Initial, Last)			STATE ID # (SID)	PETITION # TAW -	PETITION CERTIFICATION DATE:
WORKER'S MAILING ADDRESS			PHONE #	EMAIL ADDRESS	IMPACT DATE:
CITY	STATE	ZIP	AGE	BIRTHDAY	EXPIRATION DATE :

TRADE SEPARATED EMPLOYER

TRADE EMPLOYER NAME & Address	FIRST DAY WORKED DATE:	TOTAL SEPARATION DATE:
	DATE OF LAST FULL WEEK:	RATE OF PAY PER HOUR LAST FULL WEEK:
JOB TITLE	# OF HOURS WORKED LAST FULL WEEK:	

REEMPLOYMENT EMPLOYER

NEW EMPLOYER NAME & ADDRESS	FIRST DAY WORKED DATE	TOTAL SEPARATION DATE:	
	DATE OF PAY FIRST FULL WEEK :	RATE OF PAY PER HOUR FIRST FULL WEEK:	
	WORKER JOB TITLE	# OF HOURS WORKED FIRST FULL WEEK:	
EMPLOYER CONTACT PERSON	PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

RTAA PROGRAM SELECTION

- ☐ I choose to file my claim under Reemployment Trade Adjustment Assistance (RTAA) instead of regular TRA. I understand that receipt of wage subsidies under RTAA voids my rights to TRA benefits. I understand that this choice is final and that I may not switch to regular TRA once I begin receiving these subsidies.
- ☐ I wish to have 10% Federal Taxes withheld from my RTAA Subsidy payment each week.

CERTIFICATION

I hereby request a determination of my entitlement to benefits under the Reemployment Trade Adjustment Assistance Program. I certify that all information included on this form is correct to the best of my knowledge and belief. I understand that the law prescribes penalties for making false statements or failing to disclose material facts to obtain benefits.

SIGNATURE OF WORKER _____ LOCAL TAA REP's Signature _____

DATE: _____

TAA REP's NAME _____ DATE: _____

